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Interim Guidelines for Preventing Sexual Transmission of Zika Virus and Updated Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure

Summary

The Centers for Disease Control and Prevention (CDC) has issued new interim guidance on preventing sexual transmission of Zika virus after confirming through laboratory testing the first case of sexually transmitted Zika virus infection in a non-traveler in the continental United States during the current outbreak in Central and South America and the Caribbean. Prior to this identified case of sexually transmitted Zika virus infection, two separate cases of transmission from an infected man to a woman were reported, including a 2008 case in Colorado.¹

To date, there have been no reports of sexual transmission of Zika virus from infected women to their sex partners. Although sexual transmission of Zika virus infection is possible, mosquito bites remain the primary way that Zika virus is transmitted. Because there currently is no vaccine or treatment for Zika virus, the best way to avoid Zika virus infection is to prevent mosquito bites.

On January 19, 2016, CDC issued the first set of interim guidelines for pregnant women during a Zika virus disease outbreak. Those guidelines have now been revised² and the changes to the recommendations are summarized below. Of note, the updated guidelines recommend that pregnant women without symptoms of Zika virus disease can be offered testing 2 to 12 weeks after returning from areas with ongoing Zika virus transmission

*Healthcare providers should **report suspected Zika virus disease cases to the OSDH Acute Disease Service Epidemiologist-on-Call at (405) 271-4060** to assess need for testing, facilitate diagnosis and to mitigate the risk of local transmission. No commercial testing is currently available for Zika virus.*

Recommendations

New CDC recommendations for pregnant women, and men with pregnant sex partners who live in or have traveled to Zika-affected areas³:

- Pregnant women and their male sex partners should discuss the male partner's potential exposures and history of Zika-like illness with the pregnant woman's health care provider (<http://www.cdc.gov/zika/symptoms/>). Providers should consult CDC's guidelines for evaluation and testing of pregnant women.
- Men with a pregnant sex partner who reside in or have traveled to an area of active Zika virus transmission and their pregnant sex partners should consistently and correctly use condoms during sex (vaginal, anal, or oral) or abstain from sexual activity for the duration of the pregnancy. Consistent and correct use of latex condoms reduces the risk of sexual transmission of many infections, including those caused by other viruses.

New recommendations for non-pregnant women, and men with non-pregnant sexual partners who live in or have traveled to Zika-affected areas:

- Currently, Zika virus testing to determine risk of sexual transmission is of uncertain value, and is not recommended.
- Couples in which a man resides in or has traveled to an area of active Zika virus transmission who are concerned about sexual transmission of Zika virus may consider using condoms consistently and correctly during sex or abstaining from sexual activity.
- Couples may consider several factors when making this complex and personal decision to abstain or use condoms.
- Zika virus illness is usually mild. An estimated 4 out of 5 people infected never have symptoms; when symptoms occur they may last from several days to one week.
- The risk of Zika infection depends on how long and how much a person has been exposed to infected mosquitoes, and the steps taken to prevent mosquito bites while in an affected area.
- The science is not clear on how long the risk should be avoided. Research is now underway to answer this question as soon as possible.

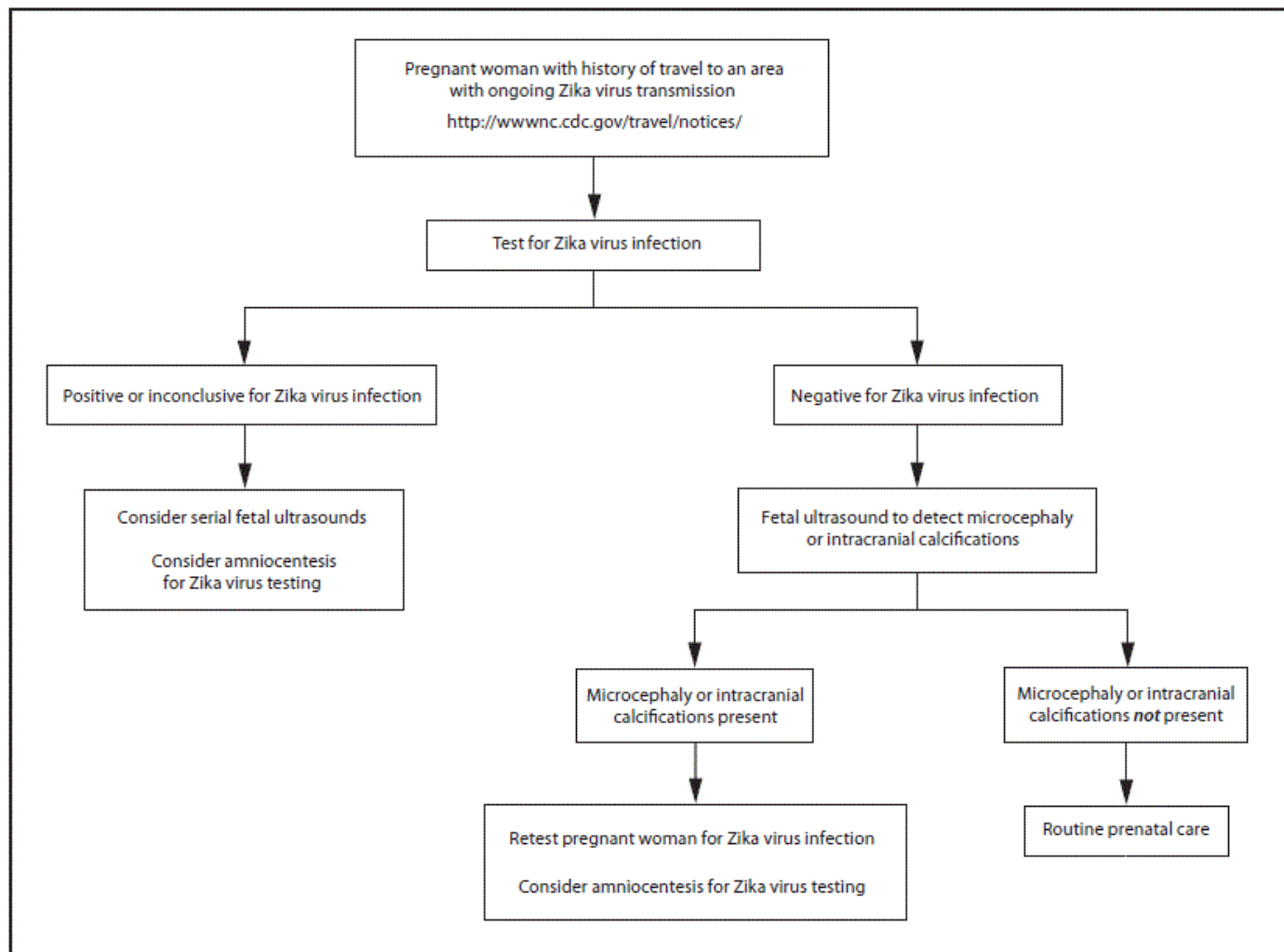
Updated interim guidelines for healthcare providers caring for pregnant women with possible Zika virus exposure:

CDC has updated its interim guidance published January 19, 2016 for healthcare providers in the United States caring for pregnant women and women of reproductive age with possible Zika virus exposure. The updated guidelines recommend that pregnant women without symptoms of Zika virus disease can be offered testing 2 to 12 weeks after returning from areas with ongoing Zika virus transmission. Recommendations for Zika virus testing of pregnant women who have a clinical illness consistent with Zika virus disease during or within 2 weeks of travel to areas with ongoing Zika virus transmission are unchanged.

References

1. Foy BD, Kobylinski KC, Chilton Foy JL, et al. Probable non-vector-borne transmission of Zika virus, Colorado, USA. *Emerg Inf Dis* 2011; DOI: 10.3201/eid1705.101939 http://wwwnc.cdc.gov/eid/article/17/5/10-1939_article2. CDC.
2. Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016. http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e2er.htm?s_cid=mm6505e2er_w.htm
3. CDC. Interim Guidelines for Prevention of Sexual Transmission of Zika virus – United States, 2016. http://www.cdc.gov/mmwr/volumes/65/wr/mm6505e1er.htm?s_cid=mm6505e1er_w.htm

Figure 1. Updated testing algorithm for a pregnant woman with history of travel to an area with ongoing Zika virus transmission



*Testing is recommended for pregnant women with clinical illness consistent with Zika virus disease, which includes two or more of the following signs or symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis during or within 2 weeks of travel. Testing includes Zika virus reverse transcription-polymerase chain reaction (RT-PCR), and Zika virus immunoglobulin M (IgM) and neutralizing antibodies on serum specimens. Because of the overlap of symptoms and areas where other viral illnesses are endemic, evaluation for dengue or chikungunya virus infection is also recommended.

† Testing can be offered to pregnant women without clinical illness consistent with Zika virus disease. If performed, testing should include Zika virus IgM, and if IgM test result is positive or indeterminate, neutralizing antibodies on serum specimens. Testing should be performed 2–12 weeks after travel.

§ Laboratory evidence of maternal Zika virus infection: 1) Zika virus RNA detected by RT-PCR in any clinical specimen; or 2) positive Zika virus IgM with confirmatory neutralizing antibody titers that are ≥ 4 -fold higher than dengue virus neutralizing antibody titers in serum. Testing is considered inconclusive if Zika virus neutralizing antibody titers are < 4 -fold higher than dengue virus neutralizing antibody titers.

¶ Fetal ultrasounds might not detect microcephaly or intracranial calcifications until the late second or early third trimester of pregnancy.

** Amniocentesis is not recommended until after 15 weeks of gestation. Amniotic fluid should be tested for Zika virus RNA by RT-PCR. The sensitivity and specificity of RT-PCR testing on amniotic fluid are not known.

Health care providers should contact the OSDH Acute Disease Service at (405) 271-4060 to report any suspected cases of Zika virus disease to facilitate testing and for assistance with interpreting test results.

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Categories of Health Alert messages

Health Alert highest level of notification that the Oklahoma State Department of Health will send out. This usually refers to an immediate threat to the OSDH community and requires immediate action.

Health Advisory advises medical providers of a condition in the area. These are usually not medical emergencies. These may not require immediate action.

Health Update provides updates on previous alerts or advisories. These are unlikely to require immediate action.

This advisory has been distributed to Primary Care Physicians, Obstetrics & Gynecology, Emergency Departments, Infection Preventionists, and State and Local Health Officials

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You have received this message based upon the information contained within our emergency notification database. If you have a different or additional e-mail or fax address that you would like us to use please contact the OSDH Acute Disease Service at (405) 271-4060.

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